

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 10/06/2011
FORM APPROVED
OMB NO. 0938-0391

45th 11/1/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445129	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/04/2011
NAME OF PROVIDER OR SUPPLIER FORT SANDERS SEVIER NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 709 MIDDLE CREEK RD SEVIERVILLE, TN 37862		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure hazardous area's fire rated construction is maintained. The findings include: Observation and interview with the Maintenance Director, on October 4, 2011 at 9:45 a.m. confirmed unsealed headwall joint in two (2) of two (2) mechanical room interior walls. Observation of the wing 1 mechanical room wall with the Maintenance Director, revealed an access door that was not firestopped on the mechanical room side.</p>	K 029	<p>FireSafe Technologies has been contacted to assist in addressing the top of wall conditions, the junction between the access door framing, and the adjacent masonry wall.</p> <p>Will monitor with EOC rounding.</p> <p>Once the Fire Safing installation contractor has completed the work, Facilities will inspect the work to confirm completion.</p>	10/21/11	
K 045 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p>	K 045	<p>Contacted Chuck Luttrell with Vreeland Engineering and Chuck Hearn with Massey Electric to provide design guidance and pricing assistance as required to add the necessary exterior lighting at three (3) of four (4) outside exits from the building into the courtyard.</p>	11/04/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



10/14/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 60 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 045	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure exits paths were lighted so the area would not be in total darkness. The findings include: Observation and Interview with the Maintenance Director, on October 4, 2011 at 10:20 a.m. confirmed three (3) of four (4) outside exits from the building into the courtyard were not provided with exit lighting.			K 045	Continued From page 1 Will monitor lights to make sure they are in proper working order through weekly maintenance inspections of the exit lighting.		
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure staff was familiar with fire plan policy and procedures. The findings include: Observation during a fire drill conducted on October 4, 2011 at 10:10 a.m. confirmed the staff in the affected wing failed to ensure the door to resident rooms 128 and 129 were latched closed and left one (1) resident asleep in a recliner in the common area outside the fire area.			K 050	Doors to rooms 158 & 159 did not latch properly when closed. Doors have been repaired and are latching. Did a mock removal of resident sleeping in recliner, but did not actually disturb the resident due to her condition, and she was sleeping soundly. The mock removal was verbal. Nursing Home Code Red policy reviewed and appropriate revisions regarding evaluation of residents made. Plan to review Code Red Policy at 10/28/11 staff Meeting with both shifts and conduct an additional fire drill during the month of October. Code Red Policy and Drill procedure included on new employee checklist for review within the first month of employment. Progress will be monitored with monthly fire drills conducted. Code Red Policy and Drill procedure included on new employee checklist for review within the first month of employment.		10/28/11

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K 067 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: NFPA 90A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. Based on observation and interview, interview and record review, the facility failed to assure fire dampers were maintained in accordance with NFPA 90A. The findings include: Record review and interview with the maintenance director on October 4, 2011 at 11:30 a.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers and failed to provide access openings in the ductwork to the fire dampers in both mechanical rooms.</p>		K 067	<p>A purchase order has been issued to a third party inspection agency (Airtech) to perform the inspection, testing, and lubrication of the fire dampers; install the access doors required to facilitate this and for future inspection testing and maintenance of these eight dampers. The work started Thursday, October 13, 2011. We expect to complete within four weeks.</p>		11/11/11	
K 130 SS=F	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the emergency generator was</p>		K 130	<p>Stowers Caterpillar Generator Company has been contacted for assistance in designing and installing the control and annunciator panels necessary to retrofit this 60 year old generator to comply with the new code requirements. Initial estimates of the cost to fabricate the panels are here; we are awaiting electrical and IT pricing.</p>		11/11/11	

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K 130	Continued From page 3 provided with a remote annunciator in an continuously occupied area. (2000 NFPA 99, -4.1.1.15). The findings include: Observation and interview with the Maintenance Director, on October 4, 2011 at 11:15 a.m. confirmed the emergency generator was not provided with a remote annunciator panel in a continuously monitored location.			K 130	Continued From page 3 Once the contractor has completed the work, Facilities will inspect the work to confirm completion and establish a plan for ongoing monitoring.		